



EFM

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number 10/617,765 Filing Date July 14, 2003 First Named Inventor Shunpei YAMAZAKI et al. Group Art Unit 1763 Examiner Name Richard R. Bueker Total Number of Pages in This Submission _____ Attorney Docket Number 740756-2631
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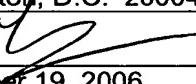
ENCLOSURES (check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Fee Transmittal Form
<input type="checkbox"/> Fee Attached
<input checked="" type="checkbox"/> Amendment / Reply
<input type="checkbox"/> After Final
<input type="checkbox"/> Affidavits/declaration(s)
<input type="checkbox"/> Extension of Time Request
<input type="checkbox"/> Express Abandonment Request
<input checked="" type="checkbox"/> Information Disclosure Statement
<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers
<i>(for an Application)</i>
<input type="checkbox"/> Drawing(s)
<input type="checkbox"/> Declaration and Power of Attorney
<input type="checkbox"/> Licensing-related Papers
<input type="checkbox"/> Petition
<input type="checkbox"/> Petition to Convert to a Provisional Application
<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address
<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Request for Refund
<input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Status Letter
<input type="checkbox"/> Application Data Sheet
<input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures
<input type="checkbox"/> A self-addressed prepaid postcard for acknowledging receipt
<input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i>
1. PTO 1449 w/4)four) references |
|--|---|---|

Remarks

The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 19-2380 for the above identified docket number.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	<u>Luan Do; Reg. No. 38,434</u> Nixon Peabody LLP 401 9 th Street, N.W. Suite 900 Washington, D.C. 20004-2128
Signature	
Date	<u>September 19, 2006</u>

CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]

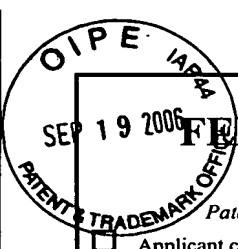
I hereby certify that this correspondence is being:

- deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop _____, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450
- transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at (571) _____.

Date

Signature

Typed or printed name



FEE TRANSMITTAL FOR FY 2006

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$180.00)

		<i>Complete if Known</i>			
Application Number		10/617,765			
Filing Date		July 14, 2003			
First Named Inventor		Shunpei YAMAZAKI et al.			
Examiner Name		Richard R. Bueker			
Art Unit		1763			
Attorney Docket No.		740756-2631			

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Other None

Deposit Account:

Deposit Account Number

19-2380

Deposit Account Name

Nixon Peabody LLP

The Commissioner is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s)
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION
1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1001	300	2001 Utility filing fee	
1002	200	2002 Design filing fee	
1003	200	2003 Plant filing fee	
1004	300	2004 Reissue filing fee	
1005	200	2005 Provisional filing fee	

SUBTOTAL (1)

(\$ 0)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	-20** =	Extra Claims	Fee from below	Fee Paid
				0
Independent Claims	-3** =			0

Multiple Dependent X = 0

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
1202	50	2202 25 Claims in excess of 20
1201	200	2201 100 Independent claims in excess of 3
1203	360	2203 180 Multiple dependent claim, if not paid
1204	200	2204 100 ** Reissue independent claims over original patent
1205	50	2205 25 ** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 0)

*or number previously paid, if greater; For Reissues, see above

SUBMITTED BY

Name (Print/Type)	Luan Do	Registration No. (Attorney/Agent)	38,434	Telephone	(202) 585-8000
Signature				Date	September 19, 2006